

- B. If your answer to "A" is YES, describe the action(s) in the space below. If there is more than one action, you must describe the additional action(s) on a separate piece of paper, using the same format as below.

1. Parties to previous civil action:

Plaintiff(s): NONE

(² doctors) ✓ Defendant(s): _____

2. Court where filed: not yet filed

3. Docket or case number: NOT Applicable

4. Name of Judge: _____

5. Basic claim made: 1st Claim (NO claim yet)

6. Present disposition (Is the case still pending? Is it closed? If closed, was it appealed?):

new claim

III. GRIEVANCE PROCEDURES:

- A. Is there a prisoner grievance procedure at the institution in which you are incarcerated?

YES []

NO [☒]

- B. Have you presented this grievance system the facts which are at issue in this complaint?

YES []

NO [☒]

C. If your answer to "B" is YES, what steps did you take: _____

D. If your answer to "B" is NO, explain why you have not used the grievance system:

there is no grievance system here

IV. PARTIES TO THIS ACTION:

A. Plaintiff(s)

1. Name of Plaintiff: GARY COOKS
2. Plaintiff's address: 3501 Oakdale St Louis, MO
3. Registration number: _____
4. Additional Plaintiff(s) and address(es): _____

B. Defendant(s)

1. Name of Defendant: GARY COOKS
2. Defendant's address: against doctors (ET AL.)
3. Defendant's employer and job title: _____
4. Additional Defendant(s) and address(es): _____

V. COUNSEL

A. Do you have an attorney to represent you in this action?

YES []

NO [X]

B. If your answer to "A" is NO, have you made an effort to contact an attorney to represent you in this matter?

YES []

NO [X] He is Blind

C. If your answer to "B" is YES, state the name(s) and address(es) of the attorneys you contacted and the results of those efforts:

D. If your answer to "B" is NO, explain why you have not made such efforts:

*Gary is trying to get an attorney
at the civil courts*

E. Have you previously been represented by counsel in a civil action in this Court?

YES []

NO [X]

F. If your answer to "E" is YES, state the attorney's name and address:

- VI. Statement of claim (State as briefly as possible the facts of your case. Describe how each defendant is involved. You must state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved, dates, and places. Be as specific as possible. State your claims in numbered paragraphs. You may use additional paper if necessary):

① Doctors HARRING Him Mentally
By keeping Him UNrelaxed in
His Room quite often.
Doctor put Some thing in His Right ear
AS AN experimental test.
(prisoner doctor - UNKNOWN.)

VII. RELIEF

State briefly and exactly what you want the Court to do for you. Do not make legal arguments. (Note: If you are a **state** prisoner and you seek from this Court relief that affects the length or duration of your imprisonment, your case **must** be filed on a § 2254 form.)

I want the courts to have
doctors remedy to stop his
punishment by cutting off
circulation to him ear and body
format.

VIII. MONEY DAMAGES:

A) Do you claim either actual or punitive monetary damages for the acts alleged in this complaint?

YES ☒ NO ☐

B) If your answer to "A" is YES, state below the amount claimed and the reason or reasons you believe you are entitled to recover such money damages:

yes, amount of \$8,000^{\$} 12,000

IX. Do you claim that the wrongs alleged in the complaint are continuing to occur at the present time?

YES ☒ NO ☐

X glary crook
Signature of attorney or pro se Plaintiff(s)

3/7/2015
Date